

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32502

1. PLACE OF DEATH

County Chariton
Township Sumner
City Sumner (No. 1)

Registration District No. 1716
Primary Registration District No. 4-100

File No. 11
Registered No. 11
St. 11 Ward 11

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) How Vanlandingham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsburg Kentucky

13. NAME Bill Vanlandingham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plummer County Kansas

15. MAIDEN NAME Nellie Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plummer County Kansas

17. INFORMANT How Vanlandingham (ADDRESS) Bedford Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheelers DATE Nov 1st 1933

19. UNDERTAKER W. C. T. Boone (ADDRESS) Bedford Mo.

20. FILED Oct 31 1933 A. R. Lewis

Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1933

22. I HEREBY CERTIFY That I attended deceased from 1933 to Oct 31 1933

I last saw him alive on Oct 30 1933. Death is said

to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

Had a convulsion (Kramie)

2:30 P.M. Oct 30 1933.

Been Bedfast for about

to month on account

of ataxia - R side -

Other contributory causes of importance:

Chronic Parenchymatous

Nephritis with aneurysm

Nephritis -

Name of operation Syphilis Date of 20

What test confirmed diagnosis? Syphilis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forstunsky M. D.

(Address) Sumner Mo

